

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

ORRINPAC

ADDRESS (number and street)

175 S. WEST TEMPLE, SUITE 650

☐Check if different  
than previously  
reported. (ACC)

SALT LAKE CITY

UT

84101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00235572

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STANLEY R. DE WAAL

Signature of Treasurer Electronically Filed by STANLEY R. DE WAAL

Date

11

15

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ORRINPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		70096.10
(b) Cash on Hand at Beginning of Reporting Period .....	58084.06	
(c) Total Receipts (from Line 19) .....	74904.95	287082.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	132989.01	357178.10
7. Total Disbursements (from Line 31) .....	28103.83	252292.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	104885.18	104885.18
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22000.00	168350.00
(i) Itemized (use Schedule A) .....	0.00	100.00
(ii) Unitemized .....	22000.00	168450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	52500.00	118000.00
(c) Other Political Committees (such as PACs) .....	74500.00	286450.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	404.95	632.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	74904.95	287082.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	74904.95	287082.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18103.83	61292.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	18103.83	61292.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	179000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	12000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28103.83	252292.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28103.83	252292.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	74500.00	286450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74500.00	286450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18103.83	61292.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18103.83	61292.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL M. ALDRICH  
Mailing Address 492 MAIN STREET

City State Zip Code  
NEW CANAAN CT 06840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FORCE PROTECTION INDUSTRIES.

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1758

Amount of Each Receipt this Period

1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
BRUCE L. BIALOSKY  
Mailing Address 8899 BEVERLY BLVD, STE 803

City State Zip Code  
LOS ANGELES CA 90048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 71018.C1792

Amount of Each Receipt this Period

1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
LARRY CASH  
Mailing Address 5246 LYSANDER LN

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMS

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1767

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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PAGE 7 / 25

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

**A.** TODD S. FARHA

Mailing Address 345 BAYSHORE BLVD, PH GP13

City State Zip Code  
TAMPA FL 33606-2388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WELLCARE

Occupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1766

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** KENNETH GLUECK

Mailing Address 8109 HUNTFIELD DR

City State Zip Code  
FULTON MD 20759

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ORACLE CORP.

Occupation  
SOFTWARE/LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1759

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** JOHN M. HADDOW

Mailing Address 13516 COMPTON RD

City State Zip Code  
CLIFTON VA 20124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SYMMS AND HADDOW

Occupation  
GOVT RELATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 71018.C1789

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 / 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
KENNETH D. HAWKINS

Mailing Address 9152 JONES CT

City	State	Zip Code
BRENTWOOD	TN	37027-8536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMSOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1768

Amount of Each Receipt this Period

300.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM S. HUSSEY

Mailing Address 6904 STONE RUN DR

City	State	Zip Code
NASHVILLE	TN	37211-6941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMSOccupation  
DIVISION PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1769

Amount of Each Receipt this Period

400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
KAREN M. IGNAGNI

Mailing Address 3105 CHESAPEAKE ST, NE

City	State	Zip Code
WASHINGTON	DC	20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN HEALTH INSURANCE  
PLANOccupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1762

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

ORRINPAC

<b>A.</b> Full Name (Last, First, Middle Initial) J. B. LADD Mailing Address 1520 W. CANAL CT, STE 230 City LITTLETON State CO Zip Code 80120 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF EMPLOYED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> 71015.C1780 Amount of Each Receipt this Period 1000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) BRIAN G. LARSON Mailing Address 2855 PINE CONE LN City LEHI State UT Zip Code 84043 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SBioMed Occupation SCIENTIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 71018.C1787 Amount of Each Receipt this Period 1000.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) CAROLYN LIPP Mailing Address 6 PORTRUSH CT City BRENTWOOD State TN Zip Code 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer COMMUNITY HEALTH SYSTEMS Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7 <b>Transaction ID:</b> 71015.C1770 Amount of Each Receipt this Period 300.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

**A.** MICHAEL B. McCALLISTER

Mailing Address 2101 CLUB VISTA PL

City

LOUISVILLE

State

KY

Zip Code

40245-5224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUMANA, INC

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1763

Amount of Each Receipt this Period

1500.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** DAVID L. MILLER

Mailing Address 657 GPPDSPRINGS RD

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMS

Occupation

EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1771

Amount of Each Receipt this Period

400.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** THOMAS D. MILLER

Mailing Address 10936 CARNOUSTIE LN

City

FORT WAYNE

State

IN

Zip Code

46814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMS

Occupation

EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1772

Amount of Each Receipt this Period

400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
 GARY D. NEWSOME  
 Mailing Address 9457 WINSTON DR

City State Zip Code  
 BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COMMUNITY HEALTH SYSTEMS

Occupation  
 DIVISION PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1773

Amount of Each Receipt this Period

400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
 WILLIAM H. NIXON  
 Mailing Address 7610 THOMAS GRANT DR

City State Zip Code  
 ALEXANDRIA VA 22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 POLICY IMPACT COMMUNICATI-  
 ONS

Occupation  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 7

Transaction ID: 71018.C1788

Amount of Each Receipt this Period

1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
 MICHAEL T. PORTACCI  
 Mailing Address 2501 IRON GATE CT

City State Zip Code  
 FRANKLIN TN 37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COMMUNITY HEALTH SYSTEMS

Occupation  
 DIVISION PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1774

Amount of Each Receipt this Period

400.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

1800.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
MARTIN G. SCHWEINHART

Mailing Address 9240 WESTON DR

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMSOccupation  
SENIOR VICE PRESIDENT, OPERATI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1775

Amount of Each Receipt this Period

300.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH G. SEAY

Mailing Address 6314 McDANIEL RD

City State Zip Code  
COLLEGE GROVE TN 37046-8119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMSOccupation  
CHIEF INFORMATION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1776

Amount of Each Receipt this Period

300.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
RACHEL A. SEIFERT

Mailing Address 3624 RAINBOW PL

City State Zip Code  
NASHVILLE TN 37204-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMSOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1777

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM MARK SIMMONS

Mailing Address 3545 NORTH UTAH ST

City	State	Zip Code
ARLINGTON	VA	22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUTKO WORLDWIDEOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: 71018.C1793

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

WAYNE T. SMITH

Mailing Address 4 PEACH BLOSSOM SQ

City	State	Zip Code
NASHVILLE	TN	37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SYSTEMSOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1778

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

DARYL TICHY

Mailing Address 349 NORTH 250 EAST

City	State	Zip Code
OREM	UT	84057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SBioMedOccupation  
RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: 71018.C1794

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)

DAVID J. WILLIAMS

Mailing Address 7410 PINEHURST DR

City State Zip Code  
 CINCINNATI OH 45244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIFTH THIRD BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 7

Transaction ID: 71018.C1795

Amount of Each Receipt this Period

1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

THOMAS R. WILLIAMS

Mailing Address 5776 CHESTNUT RIDGE DR

City State Zip Code  
 CINCINNATI OH 45230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOMED, LLC

Occupation  
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 7

Transaction ID: 71018.C1796

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

22000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)  
**A. AMERICAS HEALTH INSURANCE PLANS**

Mailing Address 601 PENNSYLVANIA AVE, NW, STE 500

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing  
federal political committee.**C** C00106740

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1764

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. AMERICAN SURGICAL HOSP. ASSN INC PAC**

Mailing Address 910 EAST 20TH STREET

City	State	Zip Code
SIOUX FALLS	SD	57105

FEC ID number of contributing  
federal political committee.**C** C00394163

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: 71018.C1791

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. AMERISOURCEBERGEN CORPORATION PAC**

Mailing Address 1300 MORRIS DR, STE 100

City	State	Zip Code
WAYNE	PA	19087

FEC ID number of contributing  
federal political committee.**C** C00400929

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 71109.C1797

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)  
**A. ARENT, FOX CIVIC PARTICIPATION FUND**

Mailing Address 1050 CONNECTICUT AVE, NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing  
federal political committee.**C** C00241380

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 71109.C1798

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. BLUE CROSS & BLUE SHIELD ASSOC. PAC**

Mailing Address 1310 G STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing  
federal political committee.**C** C00194746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	7

Transaction ID: 71015.C1752

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. BNSF RAILPAC**

Mailing Address P. O. BOX 961039

City	State	Zip Code
FORT WORTH	TX	76161-0039

FEC ID number of contributing  
federal political committee.**C** C00235739

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 71015.C1757

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)

COVENTRY HEALTH CARE INC. PAC

Mailing Address 901 NEW YORK AVE, NW, 3RD FLR

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing  
federal political committee.**C** C00217216

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 71015.C1782

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

FEDPAC

Mailing Address 801 PENNSYLVANIA AVE, NW STE 245

City	State	Zip Code
WASHINGTON	DC	20004-2604

FEC ID number of contributing  
federal political committee.**C** C00002261

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	7

Transaction ID: 71015.C1755

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

FMR CORP PAC

Mailing Address 82 DEVONSHIRE ST

City	State	Zip Code
BOSTON	MA	02109

FEC ID number of contributing  
federal political committee.**C** C00380550

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	7

Transaction ID: 71018.C1790

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)

GREAT-WEST PAC

Mailing Address 8515 EAST ORCHARD RD

City State Zip Code  
 ENGLEWOOD CO 80111

FEC ID number of contributing  
federal political committee.

**C** C00263723

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 71109.C1799

Amount of Each Receipt this Period

2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

HEALTH NET, INC. PAC

Mailing Address 455 CAPITOL MALL, STE 801

City State Zip Code  
 SACRAMENTO CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00230789

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 71015.C1784

Amount of Each Receipt this Period

2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

HUMANA INC. PAC

Mailing Address 1776 EYE STREET, NW, STE 890

City State Zip Code  
 WASHINGTON DC 20006-3700

FEC ID number of contributing  
federal political committee.

**C** C00271007

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 71015.C1783

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
INTELLECTUAL PROPERTY OWNERS PAF

Mailing Address 1255 23RD ST, NW, STE 850

City	State	Zip Code
WASHINGTON	DC	20037-1174

FEC ID number of contributing  
federal political committee. **C** C00336131

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 71109.C1800

Amount of Each Receipt this Period

1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
L-3 COMMUNICATIONS CORP. PAC

Mailing Address 600 THIRD AVE

City	State	Zip Code
NEW YORK	NY	10016

FEC ID number of contributing  
federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: 71015.C1779

Amount of Each Receipt this Period

1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
PRINPACMailing Address C/O SHELLEY MEIGHAN (G-013-S30)  
711 HIGH STREET

City	State	Zip Code
DES MOINES	IA	50392-0001

FEC ID number of contributing  
federal political committee. **C** C00128918

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: 71015.C1781

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.** Full Name (Last, First, Middle Initial)

QPAC

Mailing Address QUALCOMM INC. POLITICAL ACTION COM  
2001 PENNSYLVANIA AVE, NW, STE 650

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00339085

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1760

Amount of Each Receipt this Period

2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

SCHERING-PLOUGH BETTER GOVERNMENT PAC

Mailing Address 1 GIRALDA FARMS

City State Zip Code  
MADISON NJ 07940

FEC ID number of contributing  
federal political committee.

**C** C00108290

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1761

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

SIERRA HEALTH SERVICES PAC

Mailing Address P. O. BOX 15645

City State Zip Code  
LAS VEGAS NV 89114-5645

FEC ID number of contributing  
federal political committee.

**C** C00295360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1756

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A. Full Name (Last, First, Middle Initial)

UNITEDHEALTH GROUP, INC. PAC

Mailing Address 9900 BREN ROAD EAST

City State Zip Code  
HOPKINS MN 55343

FEC ID number of contributing  
federal political committee.

C C00274431

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 71109.C1801

Amount of Each Receipt this Period

2000.00

Receipt

B. Full Name (Last, First, Middle Initial)

WASHINGTON MUTUAL PAC

Mailing Address 1215 FOURTH AVE, FCB 1620

City State Zip Code  
SEATTLE WA 98161

FEC ID number of contributing  
federal political committee.

C C00129833

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 71015.C1765

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)

WELLPOINT, INC. WELLPAC

Mailing Address 120 MONUMENT CIRCLE

City State Zip Code  
INDIANAPOLIS IN 46204

FEC ID number of contributing  
federal political committee.

C C00197228

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 71015.C1753

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

52500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 25

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)

ZIONS BANK

Mailing Address 310 SOUTH MAIN STREET

City

SALT LAKE CITY

State

UT

Zip Code

84101-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 71109.C1814

Amount of Each Receipt this Period

404.95

Interest Received

**SUBTOTAL** of Receipts This Page (optional) .....

404.95

**TOTAL** This Period (last page this line number only) .....

404.95

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

Full Name (Last, First, Middle Initial)

**A.** CBIZ FPG, LLC

Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 71109.E1694

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1023.50

ACCOUNTING FEES

Full Name (Last, First, Middle Initial)

**B.** NATIONAL POLITICAL ASSOCIATES

Mailing Address P.O. BOX 2204

City WASHINGTON State DC Zip Code 20013-

Purpose of Disbursement  
FUNDRAISER CONSULTING & OFFICE EXPE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 71109.E1696

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

8400.00

FUNDRAISER CONSULTING &  
OFFICE EXPE

Full Name (Last, First, Middle Initial)

**C.** NATIONAL POLITICAL ASSOCIATES

Mailing Address P.O. BOX 2204

City WASHINGTON State DC Zip Code 20013-

Purpose of Disbursement  
FUNDRAISER CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 71109.E1697

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

8000.00

FUNDRAISER CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) .....

17423.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

Full Name (Last, First, Middle Initial)

## **A. TWENTY-FIRST CENTURY GROUP**

Mailing Address 434 NEW JERSEY AVENUE, SE

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement  
FOOD FOR DINNER EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 71109.E1698

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

660.00

FOOD FOR DINNER EVENT

## **B. ZIONS BANK**

Mailing Address 310 SOUTH MAIN STREET

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 71109.E1692

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

20.33

MERCHANT FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

680.33

**TOTAL** This Period (last page this line number only) .....

18103.83



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPACA. Full Name (Last, First, Middle Initial)  
BISHOP FOR CONGRESS

Mailing Address 74 N. 300 E.

City BRIGHAM CITY State UT Zip Code 84302-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARYCandidate Name  
ROBERT WILLIAM BISHOPOffice Sought: ☒ House  
☐ Senate  
☐ President

State: UT District: 01

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 71109.E1693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

B. Full Name (Last, First, Middle Initial)  
CHRIS CANNON FOR CONGRESS

Mailing Address 257 EAST 200 SOUTH, SUITE 950

City SALT LAKE CITY State UT Zip Code 84111-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARYCandidate Name  
CHRISTOPHER B CANNONOffice Sought: ☒ House  
☐ Senate  
☐ President

State: UT District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 71109.E1695

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

10000.00